



**STATEMENT OF PROCEEDINGS FOR THE
REGULAR MEETING OF THE
LOS ANGELES COUNTY COMMISSION FOR
CHILDREN AND FAMILIES
KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 739
LOS ANGELES, CALIFORNIA 90012
<http://lachildrenscommission.org>**

Monday, August 6, 2012

10:00 AM

AUDIO LINK FOR THE ENTIRE MEETING. (12-3721)

Attachments: [AUDIO](#)

Present: Chair Patricia Curry, Vice Chair Geneva Berger, Commissioner Ann E. Franzen, Commissioner Dr. La-Doris McClaney, Commissioner Steven M. Olivas Esq., Commissioner Sandra Rudnick, Commissioner Adelina Sorkin LCSW/ACSW and Commissioner Martha Trevino-Powell

Excused: Vice Chair Dr. Sunny Kang, Vice Chair Susan F. Friedman, Commissioner Carol O. Biondi, Commissioner Helen Kleinberg, Commissioner Daphne Ng and Commissioner Dr. Harriette F. Williams

Call to Order. (12-2013)

The Chair called the meeting to order at 10:03 a.m., noting a lack of a quorum. Commissioner Olivas joined the meeting at 10:37 a.m. establishing a quorum.

I. ADMINISTRATIVE MATTERS

1. Introductions of August 6, 2012 Meeting attendees. (12-3036)

Self-introductions were made.

2. Approval of the August 6, 2012 Meeting Agenda. (12-3355)

Due to a lack of a quorum, no action was taken on this item.

3. Approval of the minutes from the meeting of July 23, 2012 and July 9, 2012. (12-3356)

Due to a lack of a quorum, this item was continued to the next Commission meeting.

Attachments: [SUPPORTING DOCUMENT 7/23/12](#)
 [SUPPORTING DOCUMENT 7/9/12](#)

II. REPORT

4. Chair's report for August 6, 2012 by Patricia Curry, Chair. (12-3039)

Chair Curry reported the following:

- **Brown Act Workshop is scheduled for Thursday, September 20, 2012 at 1:00 p.m. in the Board Hearing Room 381, at the Kenneth Hahn Hall of Administration. If Commissioners are interested in attending this Workshop, they may contact Commission staff.**
- **The Commission is scheduled to meet only once in the month of September; meeting is scheduled for September 10, 2012. Commissioners and meeting attendees were reminded to notate their calendars accordingly.**
- **Election of Commission Officers is slated for September or October of every year. Commissioner Trevino-Powell, Nomination Chair, will be contacting Commission Members to inquire on their interest in running for office. Chair Curry noted that she would like to make a recommendation that the Commission consider having two Vice Chairs instead of three to make work processes easier. Commissioners were encouraged to contemplate this proposal which may be discussed at a future meeting for consensus.**

After discussion, by common consent and there being no objection, this item was received and filed.

III. PRESENTATIONS

5. Presentation on Project SAFE (Screening and Assessment for Family Engagement).
- Donna Fernandez, Program Manager, Child Welfare Health Services, DCFS
 - Steven Reyes, Supervisor, Community Assessment Service Centers, Substance Abuse Prevention and Control, DPH
 - Natalie Manns, Contract Program Auditor, Substance Abuse Prevention and Control, DPH (12-3350)

Ms. Fernandez reported the following:

- **In 2009, under Dr. Charles Sophie's leadership, the Departments of Children and Family Services (DCFS) and Public Health (DPH) began working towards the goal of an improved service delivery system over the use of DCFS alcohol and drug testing program for parents affected by alcohol and drugs, with a focus on implementing a clinical assessment to better identify substance use and link parents to treatment. The plan was to implement services along the continuum of screening assessment and as needed treatment.**
- **DCFS and DPH, Substance Abuse and Prevention Control (SAPC) collaborated with the participation of the National Center on Substance Abuse and Child Welfare on the development and implementation of Project SAFE (Screening and Assessment for Family Engagement). Project SAFE identified the following as goals for the initiative:**
 - 1. Earlier identification of substance use disorders among families reported for maltreatment.**
 - 2. Improve the accuracy of the identifying substance use disorders among parents.**
 - 3. Improve parental access to substance disorder treatment.**
 - 4. Improve the collaboration between the child welfare and assessment/treatment systems.**

Another long-term goal would assess whether earlier identification of substance use issues would result in better outcomes such as earlier and longer treatment engagement, family reunification, less re-entry to foster care and permanency.

- **The Project SAFE pilot was funded through Title IV- E Waiver reinvestment funds to cover the cost of the substance use assessments and the drug tests conducted by the Community Assessment and Service Centers (CASC).**
- **Project SAFE's infrastructure was established with various committees that included an Oversight Committee, Advisory Committee, Protocols/Forms Committee, Data/Evaluation Committee, Funding Committee and Training Committee. These committees were facilitated by a core team with representatives from DCFS, DPH and the National Center on Substance Abuse and Child Welfare.**

- DCFS' Metro North and El Monte offices were selected for a pilot with Homeless Healthcare and Prototypes-El Monte as the assessment centers. These pilot offices were selected based on their different usage of the DCFS drug testing program with one of the offices having a family dependency drug court program. The focus was serving parents in the emergency response service component of DCFS service delivery system. Cross training sessions were conducted at the DCFS offices to implement the program. During the pilot, biweekly operational check-in meetings with the core team members, pilot offices and the CASC representatives participating were held.
- The pilot has concluded and a formal evaluation is underway. A preliminary report is due to DCFS and DPH senior management at the end of August 2012. A worker satisfaction survey was implemented at the conclusion of the pilot. Additionally, there was positive feedback on the practice from the biweekly operational meetings. These results will help inform DCFS senior management on the direction to take in terms of redirecting funding that is currently allocated to the DCFS drug and alcohol testing program towards a Project SAFE model, continuing with DCFS drug and alcohol testing program and its allocation, or considering a hybrid model.

In response to questions posed by the Commission, Ms. Fernandez responded with the following:

- The pilot offices were selected based on specific criteria with one reason being that there was availability for treatment in the pilot areas should the client need treatment services.
- Approximately 200 parents participated in the pilot. A drug test was conducted as part of the assessment.
- The determination for a case to be referred to the court was based on the case evaluation.

DCFS and DPH noted that they will be pleased to return to the Commission and provide the results of the pilot.

After discussion, by common consent and there being no objection, this item was received and filed.

Attachments: [SUPPORTING DOCUMENT](#)

6. Presentation on Department of Public Health Project: Access to Substance Abuse Services for High Risk Parents and Caregivers:

- Donna Fernandez, Program Manager, Child Welfare Health Services, DCFS
- Holly McCravey, Executive Director, Antelope Valley Rehabilitation Centers, DPH
- Sandy Song Groden, Substance Abuse Prevention and Control, DPH (12-3349)

Ms. Fernandez reported the following:

- In 2009, DCFS and DPH initiated discussions on the concept of placing substance abuse experts in DCFS offices through possible funding from First 5 LA. DCFS and DPH Directors are active First 5 LA Board members. The planning phase of this project began in 2010 which included obtaining data from DCFS to determine the potential volume of the targeted population and review of the proposed program.
- The Access to Substance Abuse Services for High Risk Parents and Caregivers Project (also known as SA Access) was presented to the First 5 LA Commission in October 2010. Funding through First 5 LA was approved by the Board of Supervisors in December 13, 2011 for a period of three years. Funding approved includes the cost of Substance Use Disorder (SUD) Navigators to be co-located at all DCFS regional offices, perinatal daycare rehabilitative, outpatient and residential treatment services, as well as an evaluation to be conducted by University of California, Los Angeles.
- The goals of SA Access are to improve access to SUD services for pregnant women and parents of children ages 0 to 5 who are under the supervision of DCFS and to demonstrate the positive impact of early identification, intervention and timely referral to treatment for at-risk pregnant women and parents of children ages 0 to 5. SA Access implements the usage of public health prevention and intervention model, SBIRT (Screening, Brief Intervention and Referral to Treatment).
- Components of SBIRT include:
 - Motivational interviewing concepts and principles that are tied to the effective use of FLO (Feedback; Listen and Understand; Options Explored) brief intervention;

- **The ASSIST (Alcohol, Smoking and Substance Involvement Screening Test) testing concept; and**
- **Further referral to an assessment and treatment provided for DCFS clients with more serious substance use-related problems.**
- **Through the SA Access Program, expert Navigators are placed in DCFS field offices on a full-time basis; the Navigators interface with DCFS Children's Social Workers (CSW) in serving families receiving Family Maintenance (FM) and Family Reunification FR) services. Expert navigator evaluations will track the client screening outcomes and address the child welfare service delivery to children of parents serviced through SA Access.**
- **DCFS managers, line staff, and the external stakeholders have responded favorably to the implementation of SA Access. Three focus groups were conducted that provided the opportunity for education of the program along with "buy in" and implementation considerations.**
- **The plan for rolling out SA Access included meeting with the DCFS Service Bureau Deputy Directors and Regional Administrators to provide briefings on SA Access, identify the needs for co-locating the Navigators and to respond to questions.**
- **The following is the current status of implementation:**
 - **A Memorandum Of Understanding (MOU) between DPH and DCFS has been executed.**
 - **The Referral form has been finalized.**
 - **The Authorization form that will allow the Navigators to share the results of the screening with the CSW and Juvenile Court is being finalized.**
 - **FYI release document announcing SA Access including the benefits and referral process has been finalized and is pending approval.**

The program will be implemented upon the finalization of the authorization form and approval of the FYI release document.

In response to questions posed by the Commission, Ms. Fernandez responded with the following:

- **SA Access is for open DCFS cases; the client can be referred to a Navigator to conduct the screening while the case is open. SA Access differentiates from Project SAFE in that it is a Countywide program and includes funding for treatment services. SA Access has a \$15 million budget over a three-year span.**
- **Ms. Song Groden explained that the residential treatment providers selected for the Program can accommodate children onsite which allows children to either remain with the parent during their treatment or allows visitation. In regards to clients with co-occurring disorders, all of the CASC's are experienced in serving clients with co-occurring disorders, in most cases the client is linked to a mental health provider.**

The Commission invited the group to present an update on the SA Access Program at a future meeting when the Program is further along.

After discussion, by common consent and there being no objection, this item was received and filed.

7. Presentation on Time-Limited Family Reunification (TLFR) Substance Abuse Program:

- Marilynne Garrison, Division Chief, Community-Based Support Division, DCFS
- Corey Hanemoto, Program Manager, TLFR Program, DCFS
- Jonathan Sydes, Children Services Administrator I, TLFR Program, DCFS (12-3352)

Mr. Hanemoto provided a brief background and reported the following:

- **TLFR is funded through the Promoting Safe and Stable Families (PSSF) Federal initiative funds. TLFR is one of the four program areas required by the federal initiative. The Federal initiative allows flexibility in the services that are provided and is less flexible in the program requirements. DCFS and DPH partnered to utilize the funding and provide substance abuse assessment and treatment for DCFS clients.**
- **The following criteria must be met in order to meet the Program requirements:**

-
- **Child must be in out-of-the home care placement for no more than 15 months.**
 - **Open DCFS case with Family Reunification case status.**
 - **Families cannot be eligible for other types of programs that provide treatment such as private insurance, or other County-sponsored programs.**
 - **Child cannot be placed with a parent.**

Mr. Sydes reported the following:

- **Through the partnership between DCFS, DPH, and the Community Assessment Centers (CASCs), there is continuous Program training conducted throughout the DCFS offices. As part of the Program process, DCFS social workers refer clients to the closest CASCs for drug and alcohol assessments. Clients are able to go to any of the CASC locations closest to them. Once the screening and assessment has been completed, a client may be referred to either inpatient or outpatient services. Some characteristics of the Program include nine CASC agencies throughout the county and 10 treatment provider agencies with 26 outpatient and residential sites.**

Mr. Hanemoto added that in order to maximize services, there is ongoing communication between the CASC and the substance abuse providers to ensure the family receives the needed services as quickly as possible.

- **There are monthly CASC meetings held to update the centers on the program statistics. Currently, social workers are referring 80 to 140 clients each month to CASC for program eligibility. Between 80 to 90 percent are determined to be eligible for the substance abuse program.**
- **Mr. Sydes referred to the program's Statistical information in the handout distributed (copy on file), and explained that currently an easy process for extracting the program's data is not in place. Statistics reported were obtained by reading each case report. The average length of time an individual remained in treatment is ten months. The case reports indicated four months as the average time an individual remained in residential treatment. The data from 2009-2010, indicated that 58 percent of parents who went into treatment had their children returned home.**

In response to questions posed by the Commission, Mr. Hanemoto responded with the following:

- The program's current fiscal year budget is \$3.3 million; \$2.6 million is being drawn down from the PSSF funds and approximately \$750,000 supplemented with Title IV-E Waiver funds.
- There is close communication with DPH and DCFS case monitoring to ensure that services are provided in the event the family/child loses eligibility for funding under TLFR so that Services may continue to be provided through a different funding channel. Concurrent planning efforts are uniform and consistent across the DCFS offices with permanency as a main goal. Steven Reyes, DPH added that TLFR includes aftercare services.
- DCFS will confirm the accuracy of the statistics presented in the handout and provide necessary revisions if needed.

Donna Fernandez, DCFS, responded to the Commission's question regarding substance abuse programs for youth. She stated that the foster youth substance abuse program is not being used as much as it should be partly for the reason that it is a voluntary program.

Director Browning responded to the Commission's comments regarding the need for more senior level planning and stated that the strategic plan will include strategies that will move the DCFS towards a more formal structure with senior level staff working closer together.

After discussion, by common consent and there being no objection, this item was received and filed.

Attachments: [SUPPORTING DOCUMENT](#)
 [SUPPORTING DOCUMENT](#)

IV. DCFS DIRECTOR'S REPORT

8. DCFS Director's Report by Philip Browning, Director, DCFS for August 6, 2012. (12-3354)

Director Browning reported the following:

- The 2011-12 Los Angeles County Civil Grand Jury report was received with recommendations in three areas of focus, one of the areas being child fatalities. DCFS has drafted a response which is being reviewed by the Chief Executive Office.

- The Board of Supervisors (Board) directed DCFS to report back with a plan that addresses the needs of children over age ten coming into the Emergency Response Command Post (ERCP). The report was sent to the Board. Additionally, a taskforce was established and there have been meetings with other county departments to move forward on action items.

Issues with ERCP safety screening was pointed out in the State Auditor Report. A proposal to incorporate some of the screening processes of the Children's Court has been developed to address these issues. DCFS has developed a protocol and scheduled meetings with the Children's Court and advocates to discuss the screening process.

Additional suggestions were incorporated to the State Auditor Report that address safety concerns for youth who refuse placement. Some of which included creating new legislation that provides a system to keep this small population in placement, and implementing lengthier assessments similar to the Probation camps 30-day assessment. There are jurisdictions in other states that have these systems in place.

- A Youth Development Services audit is upcoming that yields less than positive results for the Department; however, DCFS has already provided response to addressing the issues. Further, most of the recommendations from the audit have already been implemented.
- Amy Naamani joined DCFS as Director of Program Development and Strategic Initiatives.
- Michelle Day, Children's Group Home Ombudsman, with the Auditor-Controller responded to the Commission's inquiry regarding Group Home reports the Commission had received in the past and explained that she is newly appointed to the position and will continue to send the group home reports to the Commission. The program monitoring of the group homes had been with the Auditor-Controller's Office and is now back with DCFS.

Mr. Browning added that there is follow up on issues cited in the group home reports. Reports are often finalized months after the compliance visit; however, there is staff communication to address and resolve the issues.

After discussion, by common consent and there being no objection, this item was received and filed.

V. MISCELLANEOUS

Matters Not Posted

9. Matters not posted on the agenda, to be discussed and (if requested) placed on the agenda for action at a future meeting of the Commission, or matters requiring immediate action because of an emergency situation or where the need to take action arose subsequent to the posting of the agenda. (12-3042)

There were none.

Public Comment

10. Opportunity for members of the public to address the Commission on items of interest that are within the jurisdiction of the Commission. (12-3043)

No members of the public addressed the Commission.

Announcements

11. Announcements for the meeting of August 6, 2012. (12-3040)

Commissioner Sorkin reported that she will be attending the Department of Public Health's Key Through Leaders Meeting regarding improving nutrition and increasing physical activity in the Communities across the County, scheduled for Thursday, August 16, 2012.

After discussion, by common consent and there being no objection, this item was received and filed.

Adjournment

12. Adjournment of the meeting of August 6, 2012. (12-3357)

The meeting was adjourned by Chair Curry at 12:00 p.m.